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APPLICANTS

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** CONTINUING DATA ***** *OK AL*
 This appln claims benefit of 60/448,312 02/14/2003

** FOREIGN APPLICATIONS ***** *NONE AL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<i>Amitt Kumar AL</i> Examiner's Signature Initials	STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
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TITLE
 Expandable intervertebral implant cage

FILING FEE RECEIVED 942	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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